

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	Group Art Unit: 1656
Poulose)	Examiner: Moore, William W.
Serial No.: 10/500,936)	
Filed: March 25, 2005)	
For: Multiply-Substituted Protease Variants)	

REQUEST FOR EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following extension of time is requested to respond to the Office Action
mailed November 20, 2006:

one month to _____; the extension fee is \$120.00.
two months to _____; the extension fee is \$450.00.
three months to August 20, 2007; the extension fee is \$1,020.00.
four months to _____; the extension fee is \$1,590.00.
five months to _____; the extension fee is \$2,160.00.

The extended time for response does not exceed the statutory period.

☐ The shortened statutory period has been reset by an Advisory Action dated

_____.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R.
§§1.16 and 1.17 that may be required by this paper, and to credit any

09/27/2007 CWP/CK
0000251 071048 10500936
1000.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/25/07</u>		2 Serial/Patent # <u>10500936</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
✓	Extension of Time	—	8/21/07	\$ 1020.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$ 1020.00							
		8 TO BE REFUNDED BY:									
10 REASON:		✓	Treasury Check								
	Overpayment	✓	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> </tr> </table>		0	7	--	1	0	4	8
0	7	--	1	0	4	8					
✓	No Fee Due (Explanation):										
EDT not necessary											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pets Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>23206</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>9/27/07</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: